

## APPLICATION FOR FACILITY-BASED GRAIN BUYER LICENSE

PUBLIC SERVICE COMMISSION

SFN 52018 (Revised January 2016)

A facility-based grain buyer must obtain an annual license from the Public Service Commission for each receiving location operated in the state. North Dakota Century Code Chapter 60-02.1.

A business organization or sole proprietor using a trade name other than its given name must be registered and in good standing with the ND Secretary of State. A partnership must file a copy of its partnership agreement if not registered with the ND Secretary of State. An application for license must be complete and include.

- 1. A \$300 license fee.
- A surety bond with valid power of attorney from surety attached. See bond schedule found in North Dakota Admin. Code section 69-07-02-02.1.

| Commission Use Only |
|---------------------|
| Company #:          |
| Receipt Number:     |
| Amount:             |
| License Period:     |
| License Approval:   |
| License Number:     |
| Issue Date:         |

| <ol> <li>A copy of a scale ticket and a copy of each type of credit-sale contract used.</li> <li>Proof of grain insurance - see section 60-02.1-21.</li> </ol> |   |             |                                    |   |                                    |                                   | License Number:  Issue Date: |                             |               |
|--|---|-------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------|-----------------------------|---------------|
|  |   |             |                                    |   |                                    |                                   |                              |                             | Licensee Name |
| Mailing Address  |   |             |                                    | City                                      | City                               |                                   | State                        | ZIP Code                    |               |
| Warehouse Location Warehouse   |   |             | use Capacity                       | Federa                                    | Federal License Number             |                                   |                              | County                      |               |
|  |   |             |                                    |   |                                    |                                   |                              |                             |               |
| Railroad   |   |             |                                    |   | Telephone Number                   |                                   |                              | Fax Number                  |               |
| Projected annual grain purchases bushels.  |   |             | Name of General Manager E-mail Add |   |                                    | E-mail Add                        | ress                         |                             |               |
|  |   |             |                                    |   |                                    |                                   |                              |                             |               |
| AMES & TIT   | LES OF OFFICERS OR I                              | PARTNER     | S                                  |   |                                    |                                   |                              |                             |               |
| Title  | Name  |             | Address, City, State, & ZIP Code   |   |                                    | Telephone Number                  |                              |                             |               |
|  |   |             |                                    |   |                                    |                                   |                              |                             |               |
|  |   |             |                                    |   |                                    |                                   |                              |                             |               |
|  |   |             |                                    |   |                                    |                                   |                              |                             |               |
|  | ently have any commerc<br>Yes-Please list by manu |             |                                    | devices (scales u                         | sed for buying                     | or selling co                     | mmodities)                   | at your facility:           |               |
| f you curre  | ntly do not have any con                          | nmercial v  | veighing or measi                  | uring devices loca                        | ted at your fac                    | cility, whose fa                  | acility are y                | ou using?                   |               |
| Do wour futu   | ure plans include the ins                         | tallation o | f a davisa: 🗆 Na                   | □ Vac. When d                             | o vou plan to l                    | hogin constru                     | otion?                       |                             |               |
| -  |   |             |                                    |   |                                    |                                   |                              | *                           |               |
| -  | ansacted business as a                            |             |                                    | r at this location?                       | □ No □                             | Yes - If yes,                     | please cont                  | inue.                       |               |
| -  | hat are the payment terr                          |             |                                    |   |                                    |                                   |                              |                             |               |
|  | money currently owed to                           |             |                                    |   | ?                                  | ☐ Yes                             |                              |                             |               |
|  | ow many are owed mone hat dollar amount is owe    | <u> </u>    |                                    | s location?                               |                                    |                                   |                              |                             |               |
| 4) VV  | nat dollar amount is owe                          | eu ioi eac  | ir grain account?                  |   |                                    |                                   |                              |                             |               |
| STATE OF_  |   |             | _)                                 |   |                                    |                                   |                              |                             |               |
| COLINTY OF   | F   |             | ) ss                               |   |                                    |                                   |                              |                             |               |
| 3001111 01   |   |             | _/                                 |   |                                    |                                   |                              |                             |               |
| application  | and hereby certifies that                         | , under pe  | bein<br>enalty of perjury, t       | g duly sworn, says<br>the facts stated in | s he/she is the<br>the applicatioi | e owner or off<br>n are true to h | ıcıal named<br>nis/her own   | in the foregoing knowledge. |               |
|  | •   | ,           | 3 1 3 37                           |   |                                    |                                   |                              | J                           |               |
| Mail applica   | ation and support docum                           | ents to:    |                                    |   |                                    | );                                |                              |                             |               |
| Public Service Commission  |   |             | Signature of Applicant             |   |                                    |                                   |                              |                             |               |
| Attention Licensing Division 600 East Boulevard Avenue - Dept. 408   |   |             | Sworn to me this day of,,          |   |                                    |                                   |                              |                             |               |
|  | Dulevard Avenue - Dept. ID 58505-0480             | 408         |                                    |   |                                    |                                   |                              |                             |               |
| ,  |   |             | (SEAL)                             |   |                                    | /Nlet D                           | .bli.c\                      |                             |               |
| i elepnone (   | (701)-328-4097                                    |             |                                    |   |                                    | (Notary Pu                        | •                            |                             |               |
|  |   |             |                                    | My commissio                              | n expires                          |                                   |                              |                             |               |